

SAMHSA System of Care Expansion Implementation Cooperative Agreements

Required Indicators

SAMHSA's Center for Mental Health Services (CMHS) developed 11 indicators to collect performance data on the System of Care Expansion Implementation Cooperative Agreements Grantees' Infrastructure Development, Prevention, and Mental Health Promotion (IPP) activities. CMHS requires System of Care Expansion Implementation grantees to collect and submit data on a *quarterly* basis. The 11 indicators are Policy Development (PD1 and PD2), Workforce Development (WD4), Financing (F1, F2, and F3), Partnership/Collaborations (PC1 and PC2), and Accountability (A4, A5, and A6). We developed this "cheat sheet" to help grantees classify and submit indicator data results. The guide is organized into three sections:

- Overview of data reporting requirements and deadlines
- Operational definitions and data entry guidelines for the 11 required indicators
- How to access help, tips, and resources

General Overview: Grantees must comply with three data submission components:

- 1) **Quarterly Data:** Grantees submit data quarterly for each indicator based on the federal fiscal year (FFY) calendar. As a new grantee, submission will begin the second quarter. After grantees submit data, the government project officer (GPO) will review the data and approve, disapprove, or request revisions.
- 2) **Annual Goals:** Grantees submit annual performance goals for each indicator for each grant year. Based on the original, approved application, goals should be realistic and attainable. Grantees can update and revise their goals annually during the first quarter of each new FFY.
- 3) **Annual Budget Estimates:** For each grant year, grantees submit budget estimates for specific budget categories. These are estimates, not actual expenditures. Grantees can also update and revise budget estimates annually during the first quarter of each new FFY.

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Table 1. Quarterly Reporting Period and Deadlines for Submitting Indicator Data

Quarter	Quarterly Reporting Period	Grantee Deadline to Submit Data	GPO Review Deadline	Grantee Deadline to Revise Data	System-Lock Date*
1st	October 1–December 31	January 31	February 28	March 31	April 1
2nd	January 1–March 31	April 30	May 31	June 30	July 1
3rd	April 1–June 30	July 31	August 30	September 30	October 1
4th	July 1–September 30	October 31	November 30	December 31	January 1

* No further data entry, GPO reviews, or grantee revisions allowed.

Submission Requirements: Grantees submit data quarterly for each indicator based on the FFY calendar, which runs from October 1 through September 30. For new grantees, data submission begins in the second quarter, January 1–March 31. After grantees submit data, the GPO will review and approve, disapprove, or request revisions. Grantees have until midnight of the grantee revision deadline (see “Grantee Deadline to Revise Data” column in Table 1) to submit final data revisions. Following the deadline, the data system locks for that particular quarter and does not allow any additional data entry or revisions.

Required Indicators: Tables 2 through 12 outline operational definitions and data entry guidelines for the 11 required indicators:

- **Policy Development (PD1)** is the number of policy changes completed as a result of the grant.
- **Policy Development (PD2)** is the number of organizations or communities that demonstrate improved readiness to change their systems in order to implement mental health-related practices that are consistent with the goals of the grant.
- **Workforce Development (WD4)** is the number of changes made to credentialing and licensing policies in order to incorporate expertise needed to improve mental health-related practices or activities.
- **Financing (F1)** is the amount of additional funding obtained for specific mental health-related practices or activities.
- **Financing (F2)** is the number of financing policy changes completed as a result of the grant.
- **Financing (F3)** is the amount of pooled, blended, or braided funding used for mental health-related practices or activities that are consistent with the goals of the grant.

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- **Partnership/Collaborations (PC1)** is the number of organizations that entered into formal written inter/intra-organizational agreements (e.g., MOUs/MOAs) to improve mental health-related practices or activities that are consistent with the goals of the grant.
- **Partnership/Collaborations (PC2)** is the number of organizations collaborating, coordinating, or sharing resources with other organizations as a result of the grant.
- **Accountability (A4)** is the number and percentage of work group, advisory group, or council members who are also young adult consumers or family members.
- **Accountability (A5)** is the number of young adult consumers or family members representing young adult consumer or family organizations who are involved in ongoing mental health-related planning and advocacy activities as a result of the grant.
- **Accountability (A6)** is the number of young adult consumers or family members who are involved in ongoing mental health-related evaluation oversight, data collection, and/or analysis activities as a result of the grant.

Each table explains the intent of the particular indicator, provides definitions of key terms related to the indicator, describes who or what grantees can count or not count, and gives useful examples.

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Table 2. IPP Indicator: Policy Development (PD1)

PD1 is the **number of policy changes** completed as a result of the grant.

Intent & Key Terms	What To Count	Guidelines for Entering Data
<p>Intent: To report all policy changes that have been completed as a result of the grant.</p> <p>Key Terms: Policy is a written document directing an action or event; administrative or legislative in origin.</p> <p>Examples:</p> <ul style="list-style-type: none"> ▪ Directives ▪ Guidance ▪ Clinical practice guidelines ▪ Regulations ▪ Statutes ▪ Operational manuals ▪ Procedures ▪ Bylaws ▪ Strategic plans ▪ Mission statements ▪ Written decisions ▪ Standards <p>Financing policies are excluded.</p> <p>Change is the creation of a policy that did not previously exist; the documentation of a policy that existed in an undocumented form; or the elimination or alteration of a policy that previously existed and had</p>	<p>Count the policy change only once and only when the change has been completed.</p> <p>The policy may be reported if it is not yet implemented.</p> <p>Do not count the policy change if discussions have only begun about the policy but it has not been completed or approved.</p>	<p>On the Result Form, enter the following information in the quarter when the policy change was completed:</p> <p>Result Name: Enter the name or type of policy change.</p> <p>Result Description: Enter a description of 1) the organizations and 2) the completed policy change.</p> <p>Result Number: Enter one policy change per result record.</p> <p>Example: Result Name: Standards of care for (enter the population of focus)</p> <p>Result Description: The state established new standards of care for (list the population of focus) receiving recovery support services for co-occurring mental and substance use conditions.</p> <p>Result Number: 1</p>

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already been documented.

Completed means that the document exists in its final form and has been approved or passed by the party or parties with authority to do so.

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Table 3. IPP Indicator: Policy Development (PD2)

PD2 is the **number of organizations or communities** that demonstrate improved readiness to change their systems in order to implement mental health-related practices that are consistent with the goals of the grant.

Intent & Key Terms	What To Count	Guidelines for Entering Data
<p>Intent: To capture information on organizations/communities' improved readiness to change their systems by implementing specific mental health-related practices that are consistent with the goals of the grant.</p> <p>Key Terms: Organizations include state, local, and tribal agencies, bureaus, counties, or other major entities providing behavioral health, mental health, and related services. Communities are a group of people living in the same locality and under the same district or government. Improved readiness to change means to change a system over time; generally occurs in stages, and improvement readiness can be made by moving from one stage to another. The stages are: <ul style="list-style-type: none"> ▪ Pre-contemplation ▪ Contemplation ▪ Preparation ▪ Action ▪ Maintenance </p>	<p>Count the number of organizations or communities.</p> <p>Do not count the number of changes to a system. For example, if an organization makes two changes to its system this FFY quarter, count the organization only once.</p>	<p>On the Result Form, enter the following information in the quarter when the organizations or communities demonstrated readiness to change:</p> <p>Result Name: Enter the name of the organization or community.</p> <p>Result Description: Enter a description of 1) who demonstrated readiness to change and 2) how they demonstrated readiness to change.</p> <p>Result Number: Enter the total number of organizations or communities.</p> <p>Example: Result Name: Orange County Health Department Result Description: The Orange County Health Department is participating in our program and demonstrated readiness to change by increasing their score on the community readiness assessment this quarter. Result Number: 1</p>

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<ul style="list-style-type: none"> ▪ Termination <p>Systems include a network of services and supports at the state, local, or tribal level organized to meet the needs of children, youth, and adults.</p> <p>Mental health-related pertains to mental health or the population of people with or at risk of mental health condition(s); also includes people with co-occurring substance use disorders.</p> <p>Practices or activities include treatment, rehabilitation, prevention, mental health-related promotion, and supportive services.</p> <p>Examples:</p> <ul style="list-style-type: none"> ▪ Evidence-based practices ▪ Consumer-operated services (family driven and/or young adult guided services) ▪ Culturally specific practices ▪ Suicide prevention programs ▪ Rural telehealth programs 		
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Table 4. IPP Indicator: Workforce Development (WD4)

WD4 is the **number of changes** made to credentialing and licensing policies in order to incorporate expertise needed to improve mental health-related practices or activities.

Intent & Key Terms	What To Count	Guidelines for Entering Data
<p>Intent: To capture information on changes made to credentialing and licensing policies in order to incorporate expertise needed to improve mental health-related practices or activities consistent with the goals of the grant.</p> <p>Key Terms: Change is the creation of a policy that did not previously exist, the documentation of a policy that existed in an undocumented form, or the elimination or alteration of a policy that previously existed and had already been documented.</p> <p>Credentialing and licensing policy is a written document directing the need for licenses or certified trainings that provide qualifications for mental health-related practices or activities; often a test must be passed.</p> <p>Mental health-related pertains to mental health or the population of people with or at risk of mental health condition(s); also includes people with co-occurring substance use disorders.</p>	<p>Count one change to credentialing and licensing policies per result record.</p> <p>Count completed changes.</p> <p>Do not count changes in the planning stages.</p> <p>Do not report results for WD4 under PD1.</p>	<p>On the Result Form, enter the following information in the quarter when the change was completed:</p> <p>Result Name: Enter the name or title of the change.</p> <p>Result Description: Enter a one to two sentence description on 1) who created the policy change, 2) what policy change was made, and 3) the requirements of new policy.</p> <p>Result Number: One change is reported per result record.</p> <p>Example: Result Name: School psychologist credentialing policy</p> <p>Result Description: The School Board changed the credentialing requirements for school psychologists this quarter. The county now requires school psychologists to have a master's degree in a social service field.</p> <p>Result Number: 1</p>

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Table 5. IPP Indicator: Financing (F1)

F1 is the **amount of additional funding** obtained for specific mental health-related practices or activities.

Intent & Key Terms	What To Report	Guidelines for Entering Data
<p>Intent: To capture information on the amount of additional funding used for mental health-related practices or activities consistent with the goals of the grant.</p> <p>Key Terms: Amount of funding pertains to the amount of funding for mental health-related practices or activities acquired during this quarter as a result of the grant. The intention is how the grant has been used to increase the overall permanent funding base.</p> <p>Mental health-related pertains to mental health or the population of people with or at risk of mental health condition(s); also includes people with co-occurring substance use disorders.</p> <p>Practices and activities include treatment, rehabilitation, prevention, mental health-related promotion, and supportive services.</p>	<p>Report how the grant has been used to increase the overall permanent funding base.</p> <p>Permanent funding refers to monies that are expected to continue indefinitely.</p>	<p>On the Result Form, enter the following information in the quarter when the funding was obtained:</p> <p>Result Name: Enter the name of the practice or activity that is being funded.</p> <p>Result Description: Enter a description of 1) the name or source of the additional funding, 2) the amount of additional funding obtained, and 3) the practice or activity it was used to support.</p> <p>Amount of Funding: Enter the total amount of additional funding during the quarter in which it was obtained.</p> <p>Example 1: Result Name: Adult transition services Result Description: The state legislature allocated \$3 million new dollars for young adult transition services. Amount of Funding: \$3,000,000</p> <p>Example 2: Result Name: Respite care Result Description: The Office of Consumer Affairs funded \$2 million new dollars for respite care. Amount of Funding: \$2,000,000</p>

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Table 6. IPP Indicator: Financing (F2)

F2 is the **number of financing policy changes** completed as a result of the grant.

Intent & Key Terms	What To Count	Guidelines for Entering Data
<p>Intent: To capture information on changes to financing policies to fund and/or improve mental health-related practices or activities as a result of the grant.</p> <p>Key Terms: Financing policy is a written document directing one or more of the following:</p> <ul style="list-style-type: none"> ▪ Substantial increase or decrease in appropriation ▪ Changes in billing codes or reimbursement procedures to allow, eliminate, or simplify billing ▪ Innovating pooling, braiding, or funding ▪ Other changes regarding financing or that increase efficiency <p>Mental health-related pertains to mental health or the population of people with or at risk of mental health condition(s); also includes people with co-occurring substance use disorders.</p> <p>Practices and activities include treatment, rehabilitation, prevention, mental health-related promotion, and supportive services.</p>	<p>Count one financing policy change per result record.</p> <p>Count completed changes.</p> <p>Do not count changes in the planning stages.</p> <p>Do not report results for F2 under PD1.</p>	<p>On the Result Form, enter the following information in the quarter when the financing policy change was completed:</p> <p>Result Name: Enter the name or title of the financing policy change.</p> <p>Result Description: Describe 1) what financing policy change was completed and 2) the new requirements of the policy.</p> <p>Result Number: Enter one policy change per result record.</p> <p>Example 1: Result Name: Medicaid State Plan: integrated primary mental health care Result Description: We made a change to our Medicaid State Plan. We worked with our Medicaid office to include language and provisions specifying how integrated primary mental health care could be paid for through Medicaid. Result Number: 1</p> <p>Example 2: Result Name: Medicaid State Plan: eastern medicine Result Description: We made a change to our Medicaid State Plan. We worked</p>

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		<p>with our Medicaid office to develop language and provisions specifying how eastern medicine as a culturally specific practice could be paid for through Medicaid.</p> <p>Result Number: 1</p>
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Table 7. IPP Indicator: Financing (F3)

F3 is the **amount of pooled, blended, or braided funding** used for mental health-related practices or activities that are consistent with the goals of the grant.

Intent & Key Terms	What To Report	Guidelines for Entering Data
<p>Intent: To capture information on grantee's pooled, blended, or braided funding with other organizations used for mental health-related practices or activities consistent with the goals of the grant.</p> <p>Key Terms: Pooled or blended funding refers to funds from multiple sources (e.g., Medicaid, mental health, child welfare, and education) combined into a single pool that is used to pay providers.</p> <p>Braided funding refers to funds that are from various sources and that are not pooled into a single account. Instead, a separate entity monitors and tracks the level of each participating agency's responsibility for service delivery and then distributes the funds accordingly and authorizes payment to providers.</p> <p>Organizations include state, local, and tribal agencies; bureaus; departments; or other major entities providing mental health and related services.</p> <p>Mental health-related pertains to mental health or the population of people with or at risk of mental health condition(s); also</p>	<p>Report the total amount of funding obtained.</p> <p>Do not report the number of organizations that have pooled, blended, or braided funding.</p>	<p>On the Result Form, enter the following information in the quarter when the funding was obtained:</p> <p>Result Name: Enter the name or title of the funded practice or activity.</p> <p>Result Description: Enter a one to two sentence description of 1) the source(s) and amount(s) of funding and 2) the practice or activity that is being conducted with these funds.</p> <p>Amount of Funding: Total amount of funding obtained.</p> <p>Example: Result Name: Wraparound services for adjudicated young adults Result Description: Funding from the public school system (\$100,000), county mental health department (\$100,000), and juvenile justice department (\$50,000) has been pooled to provide wraparound services to adjudicated young adults. The total amount of pooled funding equals \$250,000. Amount of Funding: \$250,000</p>

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includes people with co-occurring substance use disorders. Practices and activities include treatment, rehabilitation, prevention, mental health-related promotion, and supportive services.		
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Table 8. IPP Indicator: Partnership/Collaboration (PC1)

PC1 is the **number of organizations** that entered into formal written inter/intra-organizational agreements (e.g., MOUs/MOAs) to improve mental health-related practices and activities that are consistent with the goals of the grant.

Intent & Key Terms	What To Count	Guidelines for Entering Data
<p>Intent: To capture information on organizations that entered into formal written inter/intra-organizational agreements (e.g., MOUs/MOAs) to improve mental health-related practices and activities consistent with the goals of the grant.</p> <p>Key Terms: Organizations include state, local, and tribal agencies; bureaus; departments; non-profit agencies; private sector; or other major entities.</p> <p>A formal written inter/intra-organizational agreement is a document written between organizations to specify how parties will work together on an agreed upon project or objective. The document must be signed by representatives of both organizations.</p> <p>Mental health-related practices and activities include treatment, rehabilitation, prevention, mental health-related promotion, and supportive services.</p>	<p>Count the number of organizations that entered into <i>formal written</i> inter/intra-organizational agreements to improve mental health-related practices and activities.</p> <p>If one organization has several agreements, count the organization once per agreement.</p> <p>Count the agreement once and in the quarter that it is finalized; you do not need to repeat it every quarter.</p> <p>Do not count agreements that are still in the planning stages.</p>	<p>On the Result Form, enter the following information in the quarter in which the agreement was finalized:</p> <p>Result Name: Enter the name or type of agreement.</p> <p>Result Description: Enter a description of 1) the organizations involved, 2) the type of agreement established (e.g., MOU or MOA), 3) the purpose/objective of the agreement, and 4) the expiration date of the agreement.</p> <p>Result Number: Enter the total number of organizations that entered into the agreement (as the grantee, do not include yourself).</p> <p>Example: Result Name: MOU between state Department of Mental Health and Department of Children and Families</p> <p>Result Description: The state Department of Mental Health finalized an MOU with the Department of Children and Families. The purpose of the agreement is to establish a working group. The working group will identify innovative policy changes to increase the continuity of care for (enter the population of focus). The MOU will expire in September</p>

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<p>Examples: MOU/MOA with:</p> <ul style="list-style-type: none"> ▪ Child welfare agency to provide respite services ▪ Juvenile justice agency to provide a training for wraparound credentialing ▪ County health department to share office space used by peer support specialists ▪ Behavioral health provider to refer population of focus for a specific evidence based treatment intervention ▪ Local community organization that offers peer specialist training program for youth in the child welfare system. ▪ Shared utilization data between mental health providers and juvenile justice. 		<p>2016.</p> <p>Result Number: 1</p>
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Table 9. IPP Indicator: Partnerships/Collaborations (PC2)

PC2 is the **number of organizations** collaborating, coordinating, or sharing resources with other organizations as a result of the grant.

Intent & Key Terms	What To Count	Guidelines for Entering Data
<p>Intent: To report information on new relationships and partnerships developed because of the grant.</p> <p>Key Terms: Organizations include federal, state, local, and tribal agencies; programs; departments; non-profit agencies, grassroots organizations, or other entities providing mental health and related services.</p> <p>Examples:</p> <ul style="list-style-type: none"> ▪ Young adult or family member-run organizations ▪ Schools ▪ Local Indian Health Service clinics ▪ Committees ▪ Coalitions ▪ Advisory boards ▪ Task forces ▪ State Department of Mental Health ▪ Tribal child welfare program <p>Collaborating or coordinating is a process where two or more organizations work together toward common goals.</p>	<p>Ask: What are the new relationships that have been created because of the grant?</p> <p>Count the number of organizations in the collaboration, <i>not the</i> number of resources shared. Do not count organizations reported in previous quarters.</p> <ul style="list-style-type: none"> ▪ Only count new collaborations developed because of the grant, not collaborations existing before the grant award. ▪ If a new organization is added to an existing collaboration, only count the new organization. ▪ Count the number of organizations that come together because of the grant, even if the grantee is not involved in the collaboration. ▪ If one organization shares several resources, count it only once. ▪ If one organization collaborates in several different partnerships, count that organization once. ▪ 	<p>On the Result Form, enter the following information in the quarter when the collaboration(s) took place:</p> <p>Result Name: Enter the name or type of collaboration.</p> <p>Result Description: Enter 1) the names of the organizations and 2) a description of the work or activities they collaborated on.</p> <p>Result Number: Enter the total number of organizations that participated in the collaboration (as the grantee, <i>do not</i> include yourself).</p> <p>Example: Result Name: Collaboration between Tribal Health Department and Tribal Education Department</p> <p>Result Description: The Tribal Education Department provided space in one of their schools for the Tribal Health Department staff to hold monthly community meetings and focus groups.</p>

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Sharing resources allows others to use available resources for improving outcomes or reaching goals. For example, <i>resources</i> include funding, personnel time, facilities, equipment, and information.		Result Number: 2
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Table 10. IPP Indicator: Accountability (A4)

A4 is the **number and percentage of work group, advisory group, or council members** who are also young adult consumers or family members.

Intent & Key Terms	Who To Count	Guidelines for Entering Data
<p>Intent: To capture the number of young adult consumers, or people using services, and their family members who participate in work groups, advisory groups, or councils because of the grant.</p> <p>Key Terms: Work groups, advisory groups, or councils are groups of people who are working toward a common goal.</p> <p>Consumers are people who currently receive mental health services, have received mental health services in the past, or who are eligible to receive mental health services now but choose not to.</p> <p>Family members may be members of a young adult's immediate or extended family, family networks, or "adopted" family members (for example, <i>familismo</i> in Hispanic culture). Family members also may be friends, co-workers, or neighbors, or non-family caregivers of a young adult.</p>	<p>Count the numerator and denominator. The numerator should be <i>less than or equal to</i> the denominator.</p> <p>Numerator is the number of people who are both a member of a work group, advisory group, or council and a young adult consumer or family member.</p> <p>Denominator is the total number of people who are work group, advisory group, or council members.</p> <p>Count the number of young adult consumers who serve in a mental health-related position per quarter because of the grant. The position can be paid or unpaid.</p> <p>If the group is sustained or ongoing, report the numbers each quarter in which the group is in existence.</p> <p>Enter No New Result if you have work groups, advisory groups, or</p>	<p>On the Result Form, enter the <i>result name</i>, <i>result description</i>, and data on the lines for <i>numerator</i> and <i>denominator</i>. The <i>percentage</i> is calculated by dividing the numerator by the denominator.</p> <p>Result Name: Enter the name of the work group, advisory group, or council.</p> <p>Result Description: Enter a two or three sentence description of the work group, advisory group, or council, including its general purpose and membership.</p> <p>Numerator: Enter total number of people who are both a member of a work group, advisory group, or council and a young adult consumer or family member.</p> <p>Denominator: Enter total number of people who are work group, advisory group, or council members.</p> <p>Percentage: The percentage is calculated by dividing the numerator by the denominator.</p> <p>Example: Result Name: Evaluation Review Committee</p>

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	<p>councils that do not have young adult-consumers or family members participating.</p>	<p>membership</p> <p>Result Description: We have an Evaluation Review Committee to ensure that local evaluation activities are culturally competent, family-driven, and young adult-guided. The committee consists of community members with some being young adult consumers or family members. During this quarter, 10 (numerator) of the members were young adult consumers or family members; the total membership was 25 (denominator).</p> <p>Numerator: 10</p> <p>Denominator: 25</p> <p>Percentage: 40</p>
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Table 11. IPP Indicator: Accountability (A5)

A5 is the **number of young adult consumers or family members** representing young adult consumer or family organizations who are involved in ongoing mental health-related planning and advocacy activities as a result of the grant.

Intent & Key Terms	Who To Count	Guidelines for Entering Data
<p>Intent: To capture information on young adult consumers or family members representing young adult consumer or family organizations who are involved in mental health-related planning and advocacy activities as a result of the grant.</p> <p>Key Terms: Consumers are people who currently receive mental health services, have received mental health services in the past, or are eligible to receive mental health services but choose not to.</p> <p>Family members may be members of a young adult’s immediate or extended family, family networks, or “adopted” family members (for example, <i>familismo</i> in Hispanic culture). Family members also may be friends, co-workers, or neighbors, or non-family caregivers of a young adult.</p> <p>Organizations include state, local, and tribal agencies; bureaus; departments; or other major entities providing mental</p>	<p>Count the number of young adult-consumers or family members.</p> <p>Do not count the number of organizations or advocacy activities.</p> <p>If one young adult consumer or family member represents two organizations, count that person once.</p>	<p>On the Result Form, enter the following information:</p> <p>Result Name: Enter the name and title of planning or advocacy activity.</p> <p>Result Description: Enter a two to three sentence description of 1) young adult consumers/family members involved and 2) the goal of the planning or advocacy activity.</p> <p>Result Number: Enter the total number of young adult consumers/family members.</p> <p>Example: Result Name: Stakeholder advisory council</p> <p>Result Description: The team formed an advisory council this quarter that is composed of four clients in the program, three family members of clients in the program, and five service providers in the community. The goal of the advisory council is to provide guidance in planning, provide a forum to hear and address client grievances, and to advocate to the community.</p> <p>Result Number: 7</p>

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<p>health and related services.</p> <p>Mental health-related pertains to mental health or the population of people with or at risk of mental health condition(s); also includes people with co-occurring substance use disorders.</p> <p>Planning and advocacy activities involve actively supporting or arguing in favor of mental health activities. Examples include administrative, legal, advocacy, and legislative activities related to protecting the rights of persons with mental health conditions.</p>		
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Table 12. IPP Indicator: Accountability (A6)

A6 is the **number of youth/young adult consumers or family members** who are involved in ongoing mental health-related evaluation oversight, data collection, and/or analysis activities as a result of the grant.

Intent & Key Terms	Who To Count	Guidelines for Entering Data
<p>Intent: To capture information on young adult consumers or family members who are involved in mental health-related evaluation oversight, data collection, and/or analysis activities as a result of the grant.</p> <p>Key Terms: Evaluation oversight involves the process and methodologies used in the assessment of programs, policies, personnel, products, and organizations to improve their overall effectiveness and meet the goals of the grant.</p> <p>Data collection encompasses methods and procedures of collecting, recording, and preparing information that may be either quantitative or qualitative.</p> <p>Analysis is the process of gathering, modeling, and transforming data with the goal of highlighting useful information, suggesting conclusions, and supporting decision making.</p> <p>Youth/Young Adult Consumers are</p>	<p>Count the number of youth/young adult consumers or family members involved in the process of evaluation oversight, data collection, and analysis activities.</p> <p>If one youth/young adult or family member is involved in several activities, count that person once.</p> <p>Do not count the number of youth/young adults and family members who are involved as subjects of the evaluation.</p> <p>For example:</p> <p>Do not count the number of youth/young adults who completed a survey</p> <p>Do not count the number of family members who participated in a focus group</p>	<p>On the Result Form, enter the following information in the quarter when the evaluation activity was provided and completed:</p> <p>Result Name: Enter the program for which data are being evaluated, collected, or analyzed.</p> <p>Result Description: Identify the number of youth/young adults or family members involved and provide a description of 1) their role and 2) the type of involvement the individuals were engaged in (i.e. oversight, data collection or analysis).</p> <p>Result Number: Enter the total number of young adults or family members, not the number of activities.</p> <p>Example 1: Result Name: Analysis of the Needs Assessment data Result Description: Six young adults who are part of the advisory board helped analyze the Needs Assessment data by providing feedback and a youth-centered interpretation</p>

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<p>people who currently receive mental health services, have received mental health services in the past, or are eligible to receive mental health services but choose not to.</p> <p>Family members may be the immediate or extended family, tribal clan, or other adults who have caregiver responsibility for a youth/young adult consumer.</p> <p>Mental health-related pertains to mental health or the population of people with or at risk of mental health condition(s); also includes people with co-occurring substance use disorders.</p>		<p>to the evaluation team’s review of data.</p> <p>Result Number: 6</p> <p>Example 2: Result Name: Youth conducted peer-interviews</p> <p>Result Description: Two young adults were trained by the evaluation team to conduct data collection through a structured key-informant interview. Each young adult interviewed four youth/peers and submitted the interview data to the evaluation team.</p> <p>Result Number: 2</p>
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Reporting Tips for Success

- Report quarterly data only for *completed* activities and trainings in the quarter when they were completed. Do not enter information on activities that are *in progress*.
- If you have no activities to report for a particular indicator, you must report that there has been **No New Result**.

QUESTIONS?

- If you need further support to understand the operational definitions of your required indicators or to set annual goals and budget estimates, **contact your GPO**.